CONFIDENTIAL UNLESS VIOLATED

Substance Abuse Rehabilitation Program (SARP)
ATTACHMENT A

Guidelines for Licensees' Participation in Random Toxicology Screens for Evaluation by the Massachusetts Board of Registration in Nursing (Board)

I. Licensees who are required by a SARP Agreement to have random, observed toxicology screens must abstain from all substances of abuse, including alcohol, and other substances, including but not limited to over-the counter (OTC) medication, supplements, products, and food items which metabolize as substances listed in Section X[6].

II. Licensees shall comply with random, observed toxicology screens a minimum of fifteen (15) times per year. The Licensee will comply with additional random toxicology screening, including but not limited to testing of urine, blood and hair as determined necessary by the SARP Program.

III. The Board designates one Drug Testing Management Company (DTMC).[7] The Board will accept only the results of-toxicology screens that are performed by the DTMC and reported directly to the Board.

IV. All costs related to a Licensee's participation in the DTMC toxicology screening program are the responsibility of the participating Licensee.

V. Licensees must sign an agreement with the DTMC and comply with all of the conditions and requirements of the agreement with the DTMC and any related policies, including without limitation, any requirements related to observation of urine collection and/or temperature checks.

VI. Arrangements can be made through the DTMC to have toxicology screens done at approved laboratories throughout the continental U.S.

VII. Failure to call the DTMC daily or failure to test when selected is a violation of the Licensee's SARP agreement.

VIII. A toxicology report that is positive for a tested substance is a violation, unless the substance is supported by a valid prescription provided to the SARP staff prior to the toxicology test date.

IX. Urine toxicology reports that show a low creatinine (<20 mg/dl) indicate an adulterated or diluted specimen and is a violation, unless the Licensee's treatment providers provide documentation demonstrating a medical condition causing the result. The Board may require additional testing of blood or hair. A toxicology report that indicates the use of an adulterant, or a substitute, is a violation.

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[6] This includes but is not limited to, OTC cold medications, hand sanitizers, oils, poppy seeds, fermented teas, and vanilla extract.

[7] The current DTMC is Affinity. To contact Affinity call (877) 267-4304.

X. Random observed toxicology screening shall test for the following substances:

Ethanol and all ethanol products
Amphetamines
Barbiturates
Benzodiazepines
Buprenorphine
Cocaine (metabolite)
Carisoprodol
Diphenhydramine
Gabapentin
Opiates
Fentanyl
Codeine
Morphine
Hydromorphone
Hydrocodone
Oxycodone
Phencyclidine
Methadone
Propoxyphene
Meperidine
Pseudoephedrine
THC
Tramadol
Sedative-Hypnotics (e.g., zolpidem, eszopiclone, zalepon)
Sedative-Antidepressants (e.g., trazadone, mirtazapine, amitryiptyline)
Substances identified by the National Institute of Drug Abuse (NIDA) as a substance of abuse or misuse [https://www.drugabuse.gov/drugs-abuse]
Substances identified by the Substance Abuse and Mental Health Services Administration (SAMHSA) as a substance of abuse or misuse [https://www.samhsa.gov/atod]

Individual Rehabilitation Program (IRP) for Jaclyn McQueen, RN280486

1. LICENSEE shall:

   a. Abstain from unauthorized use of alcohol and ***all*** substances of abuse or substances with potential for abuse, including, but not limited to, over-the counter (OTC)-medication, supplements, products, and food items which metabolize as substances listed in Attachment A, Section X. Unauthorized use of substances includes use of prescribed substances that does not meet the requirements of paragraph 6b.

   b. Refrain from taking any prescribed controlled substance, or prescribed over-the-counter (OTC) medications, that may metabolize as substances listed in Attachment A, Section X *until after* providing SARP staff a copy of the prescription and a written statement from the Provider/Prescriber of the identity and amount of each controlled substance prescribed, and medical necessity for said medication[1].

   c. Report immediately to the SARP staff the unauthorized use of any substances of abuse or substances with potential for abuse, including, but not limited to, over-the counter (OTC) -medication, supplements, products, and food items which metabolize as substances listed in Attachment A, Section X.

   d. Identify all treatment providers, including primary care physicians, prescribers, therapist(s) and counselor(s), upon admission and report any change of existing treatment providers or addition of new treatment new treatment providers within ten (10) days. Upon admission and upon request, thereafter, provide an Authorization for Release of Information for each current treatment provider. Provide documentation from each treatment provider in which the provider verifies that he is aware of Licensee's participation in SARP.

   e. Provide authorization, upon request, for SARP staff to obtain the Licensee's Prescription Monitoring Program (PMP) report. Identify all pharmacies where the Licensee has filled prescriptions within the last year and report any new pharmacies where the Licensee fills prescriptions during the SARP participation. Upon admission and upon request, thereafter, provide an Authorization for Release of Information for each pharmacy.

   f. Participate in individual therapy/substance use disorder counseling at least twice per month or until such time as the Licensee is discharged by the attending therapist and provides written documentation to the SARP Program. All therapists and treatment providers must acknowledge in writing his willingness to regularly report to SARP on the Licensee's progress. In addition, the Licensee is responsible for the timely submission of all progress reports. The Licensee

[1] In the event of a hospitalization or medical emergency, the Licensee must within one (1) day of discharge or one (1) day of the emergency provide to SARP staff a copy of the prescription and a written statement from the Provider/Prescriber of the identity and amount of each controlled substance prescribed, and medical necessity for said medication, and the nature of the hospitalization or medical emergency.

further understands that his therapist will notify SARP immediately with concerns, if appropriate, regarding SARP compliance.
Modification:
Decrease in therapy: _____ per month/week (circle one); effective_____
Discharge from therapy; effective:_____

g. Attend at least three (3) 12-Step Meetings (such as Alcoholics Anonymous/Narcotics Anonymous) and One (1) additional AA/NA or an Alternate SARP-Approved Self-Help Meeting of their choice (such as Rational Recovery, Smart Recovery, Women for Sobriety, LifeRing, and Secular Organizations for Sobriety) per week. The Licensee is required to submit quarterly meeting attendance records to SARP.

h. Notify the SARP staff in writing within ten (10) days in any change of name, address or other personal data, and also report such changes to the Board in compliance with Board regulations at 244 CMR 9.03 (27).

i. Respond to inquiries from SARP staff in a timely manner.

j. Immediately report to the SARP Program any arrest and/or conviction of any offense.

k. Comply with random observed toxicology screening, including but not limited to testing of urine, blood or hair as determined necessary by the SARP Program, for a *minimum* of fifteen tests annually. Compliance requires that the Licensee enroll with and maintain a current account with the Board's Drug Testing Management Company (DTMC) identified in Attachment A of this Agreement, and that the Licensee meet the conditions and procedures outlined in **Attachment A**, including but not limited to:
   a. Call the DTMC daily, during hours set by the DTMC to determine whether the licensee has been selected to test on that day;
   b. When selected to test, appear at a lab identified by the DTMC as appropriate for collecting observed toxicology samples for the type of test that has been scheduled, during the hours of collection, and provide a sample; and
   c. Agree that the DTMC shall provide the results of random toxicology screening to the SARP program.

   Positive toxicology screening results that are not supported by a valid prescription provided to the SARP staff prior to the toxicology test date are a violation of this Agreement.

l. Obtain approval from the Board prior to any international travel and arrange in advance of any travel within the United States, the ability to test if selected at a site identified DTMC[2].

m. Report the name and location of any and all employers to the SARP staff.

[2] The DTMC can identify labs appropriate for collecting observed toxicology samples throughout the continental U.S.

n. Refrain from employment in a position or setting where there is access, or potential access to controlled substances. Such employment includes but is not limited to employment as an Emergency Medical Technician, Physician Assistant, Dental Hygienist, Pharmacist, Pharmacy Technician or Pharmacy Technician in Training.

o. Refrain from practice as a Licensee for a minimum of six (6) months. Further, Licensee agrees not to return to practice unless and until he or she petitions the Board pursuant to SARP Policy, 18-01 and SARP Staff provides the Licensee with an updated IRP and CASP Amendment which specifies the conditions placed on nursing practice.

Modification to Practice Privileges (check privilege being granted):

CASP Amendment 1 (No Medication) effective: _____
CASP Amendment 2 (Basic Medication) effective: _____
CASP Amendment 2A (Advanced Practice) effective: _____
CASP Amendment 3 (Full Medication) effective: _____
CASP Amendment 3A (Advanced Practice) effective: _____

p. Comply with all restrictions placed on his practice by SARP staff in accordance with paragraph 7 of the SARP Agreement.

q. Provide a copy of this Consent Agreement and any Consent Agreement Amendments to all nursing supervisors.

r. Arrange for each nursing supervisor to submit directly to the Board:
(i) A completed and signed "Supervisor Verification Form"
(ii) Quarterly written reports[3], using the "Nursing Supervisor Report", attesting to the quality of the Licensee's nursing practice, reliability and attendance and specifically addressing Licensee's documentation, administration, and wasting of controlled substances, including any errors and incidents.

s. Obtain written approval from SARP Program prior to any change in nursing job description and/or employer.

2. This IRP was authorized as follows:

X SARP Policy 19-01, implemented by SARP staff: February 23, 2021
SAREC/Board action effective on:_____

3. Licensee sent a copy of this IRP on [date]

SARP Staff: _____

[3] The Licensee is responsible for ensuring that these reports on the required form are received by the Board on a quarterly basis, according to the Licensee's monitoring documentation submission due dates.